

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/15/04 2 Serial/Patent # 0 9/6687864

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|----------------|--------------|----------|
| Filing | | | \$ |
| Amendment | | | \$ |
| Extension of Time | | | \$ |
| Notice of Appeal/Appeal | | | \$ |
| Petition | 5 | 12/15/00 | \$ 665 |
| Issue | | 7/13/04 | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |

7 TOTAL AMOUNT OF REFUND \$ 665

8 TO BE REFUNDED BY:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9

| | | | | | |
|--|--|----|--|--|--|
| | | -- | | | |
|--|--|----|--|--|--|

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Robert J. Smith

TITLE: Attorney

SIGNATURE: [Signature]

PHONE: 703 308 0933

OFFICE: Pat.

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature]

DATE: 7-16-04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B